

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joanne E. Pollak
The Johns Hopkins Health System
Administration 414
600 N. Wolfe Street
Baltimore, MD 21287

2. Article Number

(Transfer from service label)

7004289000036945 8497

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

D. A. Brown

☐ Agent☐ Addressee

B. Received by (Printed Name)

D. A. BROWN

C. Date of Delivery

2/7/05

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Yes☐ No

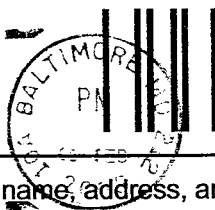
3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

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Washington, D.C. 20009

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